ER390851449US

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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	Attomey Docket No.	ABI:1042					
	First Inventor	Stoltz, et al.					
	Title	Scanned Small Spot Ablation with a High-Rep-Rate					
	Express Mail Label No.	ER 390 851 449 US					

	Mail Stop Patent Application								
APPLICATION ELEMENTS	ADDRESS TO: Commissioner for Patents OF								
See MPEP chapter 600 concerning utility patent application contents.	Alexandria VA 22313-1450								
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable all peressary)								
Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
3. X Specification [Total Pages 15]	a. Computer Readable Form (CRF)								
(preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention	 b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies 								
 Brief Summary of the Invention Brief Description of the Drawings (if filed) 	ACCOMPANYING APPLICATION PARTS								
 Detailed Description Claim(s) 	Assignment Papers (cover sheet & document(s))								
- Abstract of the Disclosure	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney								
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 0]	11. English Translation Document (if applicable)								
5. Oath or Declaration [Total Sheets 2]	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations								
a. X Newly executed (original or copy)	13. Preliminary Amendment								
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35								
6. X Application Data Sheet. See 37 CFR 1.76	or its equivalent. Other: : PTO Form 2038; Return Postcard								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Continuation Prior application information: Examiner Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. CORRESPON	DENCE ADDRESS								
X Customer Number: 34,725	OR Correspondence address below								
Name									
Address									
	State Zip Code								
	phone Fax								
Name (Print/type) Edwin Flores	Registration No. (Attorney/Agent) 38,453								
Signature (All March	5/19/04 Date 5/ 29 /2004								

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain of retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

5/19/2004

Signature

FEE TRANSMITTAL for FY 2004

X Applicant Claims small entity status. See 37 CFR 1.27

(\$) 385.00 TOTAL AMOUNT OF PAYMENT

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	Complete if Known					
EE TRANSMITTAL	Application Number					
_	Filing Date	5/20/2004				
for FY 2004	First Named Inventor	Stoltz, et al.				
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name					
olicant Claims small entity status. See 37 CFR 1.27	Art Unit					
Modern Claims Small Charty States. See Cr Cr N 1.27	Attorney Docket No.	ABI:1042				

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check X Credit card Money Other None	3. A							
Check C Credit card Order Other None		Entity		Entity				
Deposit Account	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee D	escription	Fee Paid	
Deposit Account	1051	130	2051	65	Surcharge - late filing	fee or oath		
Number Deposit Account	1052	50	2052	25	Surcharge – late prov	isional filing fee	or	
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-English specifica	ition		
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for		mination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication	•		
Charge fee(s) indicated below, except for the filling fee	1805				Examiner action	•	<u> </u>	
to the above-identified deposit account.		1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION	1251	110	2251	55	Extension for reply wi	thin first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply wi	thin second mor	nth	
Large Entity Small Entity	1253	950	2253	475	Extension for reply wi	thin third month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1254	1,480	2254	740	Extension for reply wi	thin fourth montl	h	
1001 770 2001 385 Utility filing fee 385.00	1255	2,010	2255	1,005	Extension for reply wi	thin fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in suppo	rt of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral heari			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a p	•	edina	
	1452	110	2452	55	Petition to revive - un	•		
SUBTOTAL (1) (\$) 385.00	1453	1,330	2453	665	Petition to revive - un	intentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or rei	ssue)		
Fee from Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee			
Total Claims 18 -20**= 0 x 9 = 0.00	1503	640	2503	320	Plant issue fee			
Independent 2 -3**= 0 X 43 = 0.00	1460	130	1460	130	Petitions to the Comm	nissioner		
Multiple Dependent =	1807	50	1807					
` `	1			50	Processing fee under			
Large Entity Small Entity Fee Fee	1806	180	1806	180	Submission of Informa	-		
Code (\$) Code (\$)	8021	40	8021	40	Recording each pater property (times number		er	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission af (37 CFR 1.129(a))		1	
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional in examined (37 CFR 1.			
1203 290 2203 145 Multiple dependent claim, if not paid	1801	770	2801	385	Request for Continued		E)	
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			•		of a design application	1		
SUBTOTAL (2) (\$) 0.00	Other fee (specify)							
** or number previously paid, if greater; For Reissues, see above	*Reduc	ed by Bas	ic Filing	Fee Paid	SUBTOT	'AL (3)	(\$) 0.00	
SUBMITTED BY Complete (if applicable)								
	Re	gistration I	Vo.					
Name (Print/Type) Edwin Flores		torney/Age		38,45	3	Telephone	(214) 866-0001	

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